CITY OF MILWAUKEE PROPERTY RECORDING APPLICATION (As required by City Ordinance 200-51.5)

SEC	TION 1: TYPE OF APPLICATION	(See Section 1 instruction	s) PLEASE TYPE	OR PRINT IN INK!			
	☆ Original recording - \$35 fee for each	property (taxkey).					
	☐ Change of ownership application - \$		MUST COMPLETE NEXT I	LINE!			
	Date of property sale or transfer: _ (If not recorded within 15 days of		70 for each property (tarbo	241)			
	O Update application previously submit	• • •	, , , , , , , , , , , , , , , , , , , ,	<i>(y).)</i>			
	Enter date of application change he	re: / / (Month/Day/Y	ear) and check the appropriate k	box (es) below:			
\circ	Ownership address or phone change (Section 5	3 change) O Correcting pre-	zious error Describe				
	Registered Agent, Operator or Primary Cont	9					
	registered Agent, Operator of Frinary Cont.		escribe	OII.			
SEC	TION 2: PROPERTY DESCRIPTION			·			
		·	•				
	y Number Property A OITIONAL PROPERTY LIST ATTACHED (DODEDTIES ON ATTACHED	# Residential Units			
		,					
SEC	TION 3: OWNERSHIP INFORMATION	•	•				
		HIS PROPERTY IS OWNED NO NOTARIZED LIST OF A					
		ORMAT SHOWN IN SECTION		:K5			
	3A: Owned by Person (s)	(See Sect	ion 3A instructions)				
	· · · · ·	•					
	OWNER 1: If property is jointly owned such as husband and wife, each name must be listed separately below as Owner 1 & Owner 2.						
			Date of Bi	rth://			
	Last Name Fi	rst Name	MI Jr., III, etc.	(Month/Day/Year)			
	Street Address	City	Stat	e Zip Code			
	Check One: ADDRESS - Home ()	PHONE - Home ()	c zip code			
	Business ()	Business ()				
	Ownership Type MUST be selected: (CHECK Of						
	() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - Specify						
P	PREFERRED MAILING ADDRESS (optional):						
	PO Box or Street Address	Cit	y	State Zip Code			
R	"Doing Business As" Name (Optional):					
	Boing Business Tis Traine (Optional						
5	OWNER 2:						
			Date of Bi	rth: / /			
5	OWNER 2:	rst Name	Date of Bi	rth://			
5 0 N	OWNER 2:		MI Jr., III, etc.				
5 0 N	CWNER 2: Last Name Fig.	rst Name City PHONE – Home	MI Jr., III, etc. Stat	(Month/Day/Year)			
5 0 N	Last Name Extrect Address Check One: ADDRESS - Home () Business ()	rst Name City PHONE - Home Business (MI Jr., III, etc.	(Month/Day/Year)			
5 0 N	Last Name Fi Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK Office of the content of	PHONE - Home (Business (NLY ONE)	MI Jr., III, etc. Stat	e Zip Code			
5 0 N	Last Name Figure 1: Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK Office) () Titleholder () Land Control	PHONE - Home (Business (NLY ONE)	MI Jr., III, etc. Stat	e Zip Code			
5 0 N	Last Name Fi Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK Off () Titleholder () Land Contents PREFERRED MAILING ADDRESS (optional):	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purche	MI Jr., III, etc. Stat) aser () Other - Specify	e (Month/Day/Year) Zip Code			
5 0 N	Last Name Figure 1: Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK Office) () Titleholder () Land Control	PHONE - Home (Business (NLY ONE)	MI Jr., III, etc. Stat) aser () Other - Specify	e Zip Code			
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5 0 N	Last Name Extrect Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Content PREFERRED MAILING ADDRESS (optional): PO Box or Street Address "Doing Business As" Name (Optional)	rst Name City PHONE - Home (Business (NLY ONE) ract Seller () Land Contract Purche Cit	MI Jr., III, etc. Stat) sser () Other - Specify y S	(Month/Day/Year) The Zip Code State Zip Code			
5 0 N	Last Name Extrect Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Content () Titleholder () Land Content () Titleholder () Land Content () Land Cont	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purche Cit The second of the secon	MI Jr., III, etc. Stat Stat Other - Specify Stat	(Month/Day/Year) The Zip Code State Zip Code			
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0 Z Û	Last Name Extrect Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Contents PREFERRED MAILING ADDRESS (optional): PO Box or Street Address "Doing Business As" Name (Optional (Don't forge) 3B: Owned by Corporation, Limited as registered with the Wiscons	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purche Cit Tender of Partnership, Limited Liabilisin Department of Financial I	MI Jr., III, etc. State Stat	ie Month/Day/Year) Zip Code State Zip Code bility Partnership action 3B instructions)			
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NOZÚ UORA OR AG	Last Name Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Content () Land Content () Titleholder () Land Content () Land Cont	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purcha Cit Tell - At least one owner many department of Financial least one partment of Financial least partnership Limited Liability required) B	MI Jr., III, etc. State Sta	e Zip Code State Zip Code Dility Partnership ection 3B instructions) lity Partnership			
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NOZÛ VORP OR PERIZE	Last Name Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Cont PREFERRED MAILING ADDRESS (optional): PO Box or Street Address "Doing Business As" Name (Optional) (Don't forge) 3B: Owned by Corporation, Limited as registered with the Wiscons Check One: □ Corporation □ Limited In (Registered agent & WI CORP. ID # 1) Name of Corporation, Limited Partnership, or	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purcher City The seller () Land Contract Purc	MI Jr., III, etc. State Sta	e Zip Code State Zip Code Dility Partnership ection 3B instructions) lity Partnership			
NOZÛ VORP OR PARIZHR	Last Name Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Contents PREFERRED MAILING ADDRESS (optional): PO Box or Street Address "Doing Business As" Name (Optional (Don't forge) 3B: Owned by Corporation, Limited as registered with the Wiscons Check One: Corporation Limited Forget (Registered agent & WI CORP. ID # 10 Name of Corporation, Limited Partnership, or Registered Agent's Last Name Street Address Corp., LP's, LLC's or LLP's Address (as recorded Ownership Type MUST be selected: (CHECK One)	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purcha City The seller () Land Contract Purcha	MI Jr., III, etc. State	Corp. Div. I.D. #			
NOZÛ VORR OR REFINENT	Last Name Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Cont PREFERRED MAILING ADDRESS (optional): PO Box or Street Address "Doing Business As" Name (Optional) (Don't forge) 3B: Owned by Corporation, Limited as registered with the Wiscons Check One: Corporation Limited F. (Registered agent & WI CORP. ID # 10 Name of Corporation, Limited Partnership, or Registered Agent's Last Name Street Address Corp., LP's, LLC's or LLP's Address (as recorded Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Contents ()	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purched City The seller () Land Contract Purched City City The seller () Land Contract Purched City The seller () Land Contract Purched City C	MI Jr., III, etc. State	Corp. Div. I.D. #			
SOZÛ UORD OR DARIZHR	Last Name Street Address Check One: ADDRESS - Home () Business () Ownership Type MUST be selected: (CHECK One) () Titleholder () Land Contents PREFERRED MAILING ADDRESS (optional): PO Box or Street Address "Doing Business As" Name (Optional (Don't forge) 3B: Owned by Corporation, Limited as registered with the Wiscons Check One: Corporation Limited Forget (Registered agent & WI CORP. ID # 10 Name of Corporation, Limited Partnership, or Registered Agent's Last Name Street Address Corp., LP's, LLC's or LLP's Address (as recorded Ownership Type MUST be selected: (CHECK One)	PHONE - Home (Business (NLY ONE) Fract Seller () Land Contract Purched City The seller () Land Contract Purched City City The seller () Land Contract Purched City The seller () Land Contract Purched City C	MI Jr., III, etc. State	Corp. Div. I.D. #			

	3C: Owned by Trust, Estate	or Other	(See Section	n 3C instruct	tions)		
TR	Check One: Trust Estate	Other (specify)					
U S		Phone ()					
T	Name of Trust, Estate or Other						
O R	Trustee or Personal Representative's	Last Name	First Name		MI Jr., III, etc.		
E	Street Address Corp., LP's,LLC's or LLP's Address (a Ownership Type MUST be selected: (C	HECK ONLY ONE)		City	State Zip Code		
T A			() Land Contro	act Purchaser () Other - specify		
۲	PREFERRED MAILING ADDRESS (optional):					
E	PO Box or Street Address			City	State Zip Code		
	TION 4: OPERATOR		Section 4 inst				
(Per	son who rents to tenants	or has charge,	care, or co	ntrol of the	building.)		
Che	ck One: Person						
	☐ Other (Specify)	ted Partnership 🗖					
					Date of Birth://		
	Last Name	First Name		MI Jr.,	III, etc. (Month/Day/Year)		
Stree	t Address		$\overline{\text{City}}$		State Zip Code		
	k One: ADDRESS - Home ()	PHON	NE – Home	()			
REG	Business () ISTERED AGENT OF CORP., LP, LI		Business	()			
	Last Name		First N	ame	MI Wis. Corp. Div. I.D. #		
Cod	e Violation Liability Statem	<u>ent</u>					
I,		ag 0	nerator for al	nroperties	State of		
- ,	(Print Name Please)	, as o	s operator for all properties		County of		
recoi	ded pursuant to Ord. 200-51.5	and listed herein	, acknowledge	that I may			
	eld liable for violations of the M		,	·			
	ed to me regarding these proper				Signed or attested before me on//		
Ibbac	ou to me regurantig these proper	iles.			Signed or attested before me on//		
Oper	ator's Signature		Date/				
					Signature of notarial Officer (Seal ,if any) My Commission Expires//		
					My Commission Expires//		
SEC	TION 5: PREFERRED PRIM	ARY CONTACT	(See Sec	ction 5 instru	ctions)		
	If the preferre	l primary conta	ct is one of	the people li	sted in Sections 3 or 4 section.		
	•	ou need only e	nter their na	ame in this s	ection.		
	Last Name		First Name		MI Jr., III, etc.		
<u> </u>	t Address		City		$\frac{}{\text{State}} \frac{}{\text{Zip Code}}$		
	t Address k One: ADDRESS – Home ()	PHON	VE - Home	()	State Zip Code		
	Business ()		Business	<u></u>			
SEC					elow must be signed and dated in the		
	·		<u> </u>		affix signature and seal (if any).		
The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1)				State of			
Wisconsin Statues. Only one owner is required to sign the seller notification.			County of				
Own	er 1 Signature			_//			
Owner 2 Signature							
Officer of Corporation, Limited Partnership, Limited Liability Company or Limited					Signed or attested before me on//		
	ility Partnership						
	t, Estate or Other				Signature of notarial Officer (Seal ,if any)		
Title	of above Signatory				My Commission Expires//		

NOTE!: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE

Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services

841 N. Broadway RM 105, Milwaukee, WI 53202-3613